

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time.

CoC Name and Number (From CoC Registration): TX-500 - San Antonio/Bexar County CoC

CoC Lead Organization Name: City of San Antonio

1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions pertain to the primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the CoC, including, but not limited to, the following types of activities: setting agendas for full Continuum of Care meetings, project monitoring, determining project priorities, and providing final approval for the CoC application submission. This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: San Antonio Regional Alliance for the Homeless (SARAH) Board of Directors

Indicate the frequency of group meetings: Monthly or more

Indicate the legal status of the group: 501(c)(3)

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 82%

*** Indicate the selection process of group members: (select all that apply)**

Elected:	<input type="checkbox"/>
Assigned:	<input checked="" type="checkbox"/>
Volunteer:	<input checked="" type="checkbox"/>
Appointed:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Specify "other" process(es):

Briefly describe the selection process including why this process was established and how it works.

The members of SARAH are individuals who are interested in serving the homeless and assisting them in regaining their rightful place in the community. Membership is open to the public and includes private citizens as well as representatives of nonprofit agencies, funders, community stakeholders and the City of San Antonio.

*** Indicate the selection process of group leaders:
(select all that apply):**

Elected:	<input checked="" type="checkbox"/>
Assigned:	<input type="checkbox"/>
Volunteer:	<input type="checkbox"/>
Appointed:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Specify "other" process(es):

If HUD could provide administrative funds to the CoC, would the primary decision-making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as the grantee, providing project oversight, and monitoring? Explain.

SARAH has designated the City of San Antonio, Department of Community Initiatives, Homeless Services Division as the administrator and operator of the local Continuum of Care. The City would appreciate additional support from HUD for the continued fulfillment of the indicated responsibilities.

1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

List the name and role of each CoC planning committee. To add committees to this list, click on the icon and enter requested information.

Name	Meeting Frequency
SARAH Board of Di...	Monthly or more
SARAH Planning Co...	Quarterly
SARAH Grants Comm...	Monthly or more
Special Projects	Quarterly
Public Relations	Quarterly
Nominations Commi...	Annually
Discharge Plannin...	Quarterly

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: SARAH Board of Directors

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The SARAH Board sets the policy for the local Continuum of Care, directs the application process, approves the rating and ranking criteria for applicants, establishes applicant eligibility criteria, establishes project priorities, reviews local progress, and compares progress to the local 10 Year Plan to End Homelessness. During this past summer, the SARAH Board was led in a strategic planning exercise that resulted in short and long term plans that will facilitate further progress in meeting the goals of the Consolidated Plan and in addressing local gaps in service, including the development of new public housing sites and shifting of responsibility for supportive services away from SHP and towards existing community providers. Both of these initiatives are reflected in this submission. Finally, the SARAH Board adopts, fundraises for and provides volunteers for at least two annual events: Christmas Under the Bridge and the Homeless Fair/Project Homeless Connect.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: SARAH Planning Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

The Planning Committee is responsible for determining community needs, identifying gaps in homeless services, recommending a response to the SARAH Board of Directors and identifying and inviting community groups, homeless advocates and other stakeholders who should be involved and represented in SARAH. The Planning Committee will monitor the implementation of the recent strategic planning process.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: SARAH Grants Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

For 6-9 months of the year, in and around the Super NOFA period, the Grants Committee meets at least monthly to develop the response of the Continuum of Care. Every SARAH member organization that wishes to apply for SHP funding must send a representative to Grants Committee meetings. The Committee recommends funding priorities, provides technical assistance and training to potential new project applicants, establishes each year's funding cycle process (including deadlines, eligibility and rating and ranking criteria), and generally manages the response to the Super NOFA. Using information provided by the SARAH Board and the City of San Antonio, the Grants Committee is responsible for identifying renewal projects that should be asked to reallocate and new permanent housing or dedicated HMIS projects that should be the recipient of those funds.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Special Projects

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

The Special Projects Committee is responsible for coordinating and implementing Christmas Under the Bridge, the Homeless Fair and Project Homeless Connect. The members obtain the necessary volunteers, solicit cash and in-kind donations necessary for each event, print and distribute fliers and make announcements and presentations throughout the community to build awareness of the needs of the homeless. Additionally, the Committee responds to opportunities that could be of benefit to homeless individuals. For example, the Committee was recently notified of the availability of articles of clothing seized by U.S. Customs officials at the Texas-Mexico border. The Committee arranged for pick up and distribution of these goods to homeless children and adults. Similarly, the Committee has accepted responsibility for furnishings household goods and supplies to families enrolled in the City of San Antonio's Housing First project. Finally, the Committee has a presence at the annual Veterans' Stand Down, connecting homeless veterans to community resources.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Public Relations

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

The Public Relations Committee secures the publicity required to make SARAH's special events a community success. The Public Relations Committee also works to increase the profile of SARAH throughout San Antonio and Bexar County in an effort to expand the membership and build local appreciation of the needs of the homeless and the resources available to respond.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Nominations Committee

Indicate the frequency of group meetings: Annually

Describe the role of this group:

The Nominations Committee is responsible for fielding a slate of candidates to fill vacancies on the SARAH Board, including members and officers. The Committee members use their knowledge of community providers to develop these lists. The members also work throughout the year to identify formerly homeless individuals and engage them as active members of SARAH.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Discharge Planning Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

The Discharge Planning Committee has been working for over a year to develop and obtain approval of protocols governing responsibility for providing housing services to individuals coming out of jails and prisons, mental health facilities, hospitals and youth who are aging out of foster care. The Committee has drafted protocols for each subpopulation, has identified the responsible party or parties for each subpopulation and is in the process of obtaining approval for protocol use. The members continue to work with community stakeholders to obtain full utilization of these protocols. More details on protocol development may be found in 3C.

1D. Continuum of Care (CoC) Member Organizations

Identify all organizations involved in the CoC planning process. To add an organization to this list, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Alamo Area Council of Governments	Public Sector	Local government	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
American GI Forum	Private Sector	Non-profit	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substance Abuse
CAARN Child Advocacy	Private Sector	Non-profit	None	Youth
Center for Enterprise Community Initiatives and...	Private Sector	Non-profit	None	NONE
Centro Med	Private Sector	Non-profit	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substance Abuse
Center for Health Care Services	Public Sector	Other	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Mentally Ill
Corazon Ministries	Private Sector	Faith-based	Committee/Sub-committee/Work Group	Seriously Mentally Ill
City of San Antonio, Department of Community In...	Public Sector	Local government	Committee/Sub-committee/Work Group, Authoring agency for ...	NONE
Family Violence Prevention Services, Inc.	Private Sector	Non-profit	Committee/Sub-committee/Work Group, Attend Consolidated P...	Domestic Violence
George Gervin Youth Center	Private Sector	Non-profit	Committee/Sub-committee/Work Group, Attend Consolidated P...	Youth
Girls and Boystown San Antonio	Private Sector	Non-profit	Committee/Sub-committee/Work Group, Attend Consolidated P...	Youth
Haven for Hope of Bexar County	Private Sector	Non-profit	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Mentally Ill
Holy Spirit Catholic Church	Private Sector	Faith-based	Committee/Sub-committee/Work Group	NONE
Hope Action Care	Private Sector	Non-profit	Committee/Sub-committee/Work Group, Attend Consolidated P...	HIV/AIDS
House of Hope	Private Sector	Non-profit	Committee/Sub-committee/Work Group	Substance Abuse
Jewish Family and Children's Services	Private Sector	Faith-based	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE

San Antonio/Bexar County CoC				COC_REG_v10_000205
John Butchkowsky	Individual	Hom eles. ..	Attend Consolidated Plan planning meetings during past 12...	NONE
Lisa's Pantry	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	NONE
Northside Independent School District Connectio...	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	Youth
NuStar Energy LP	Private Sector	Busi ness es	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Roy Maas Youth Alternatives	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	Youth
San Antonio Urban Ministries	Private Sector	Faith -b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriousl y Me...
San Antonio Housing Authority	Public Sector	Publi c ...	Committee/Sub-committee/Work Group	NONE
San Antonio Independent School District	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Youth
Salvation Army	Private Sector	Faith -b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
San Antonio Metropolitan Ministry	Private Sector	Faith -b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
San Antonio AIDS Foundation	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group, Attend Consolidated P...	HIV/AID S
San Antonio Food Bank	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Seton Home	Private Sector	Faith -b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Youth
St. Peter-St. Joseph Children's Home	Private Sector	Faith -b...	None	Youth
St. Mary's University School of Law Clinical Pr...	Private Sector	Faith -b...	Attend Consolidated Plan planning meetings during past 12...	NONE
Stand Up for Kids San Antonio Chapter	Private Sector	Non- pro.. .	None	Youth
First Baptist Church Street Ministries	Private Sector	Faith -b...	None	NONE
Strong Foundation	Private Sector	Faith -b...	None	NONE
Texas Crime Management	Private Sector	Busi ness es	None	NONE
Texas Rio Grande Legal Aid	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Texas Sanctuary Fund	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	NONE

San Antonio/Bexar County CoC				COC_REG_v10_000205
United Way of San Antonio and Bexar County	Private Sector	Funder ...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Visitation House Ministries	Private Sector	Faith -b...	None	Domestic Vio...

1E. Continuum of Care (CoC) Project Review and Selection Process

The CoC should solicit and select projects in a fair and impartial manner. For each of the following sections, select the appropriate items that indicate all of the methods and processes the CoC used in the past year to assess all new and renewal projects performance, effectiveness, and quality.

Open Solicitation Methods:
(select all that apply)

- a. Newspapers, b. Letters/Emails to CoC Membership, c. Responsive to Public Inquiries, d. Outreach to Faith-Based Groups, e. Announcements at CoC Meetings, f. Announcements at Other Meetings

Rating and Performance Assessment Measure(s):
(select all that apply)

- a. CoC Rating & Review Committee Exists, b. Review CoC Monitoring Findings, c. Review HUD Monitoring Findings, e. Review HUD APR for Performance Results, f. Review Unexecuted Grants, g. Site Visit(s), h. Survey Clients, i. Evaluate Project Readiness, j. Assess Spending (fast or slow), k. Assess Cost Effectiveness, l. Assess Provider Organization Experience, m. Assess Provider Organization Capacity, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, p. Review Match, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), r. Review HMIS participation status

Voting/Decision Method(s):
(select all that apply)

- a. Unbiased Panel/Review Committee, f. Voting Members Abstain if Conflict of Interest

1F. Continuum of Care (CoC) Housing Inventory--Change in Beds Available

For each housing type, indicate if there was an increase or reduction in the total number of beds in the 2008 electronic Housing Inventory Chart (e-HIC) as compared to the 2007 Housing Inventory Chart. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reasons for the change:

Overall bed inventory was increased by 11 beds. Some realignment of resources among providers occurred in correspondence to local needs of homeless individuals and families, i.e., more year round domestic violence beds were opened.

Safe Haven Bed: No

Briefly describe the reasons for the change:

Transitional Housing: Yes

Briefly describe the reasons for the change:

Overall bed availability has increased by 12. More beds were assigned to families, which has contributed to the gap in resources for individuals. Once the Haven for Hope campus comes on-line, this disparity will be corrected because of the planned reassignment of purpose for existing emergency shelter resources.

Permanent Housing: Yes

Briefly describe the reasons for the change, including changes in beds designated for chronically homeless persons:

Available permanent housing inventory has nearly doubled since the last submission. The City of San Antonio's Housing First project, funded with local revenue, the conversion of the City of San Antonio's SHP-funded Woodhill Transitional Housing project to Permanent Housing and the SHP-funded SROs opened by American GI Forum are responsible for the increase.

CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Chart

Attachment

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	Housing Inventory...	10/16/2008

Attachment Details

Document Description: Housing Inventory Chart

1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Complete the following information based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The date on which the bed inventory was completed should be one day during the last ten days of January 2008.

Indicate the date on which the housing inventory count was completed: 02/15/2008
(mm/dd/yyyy)

Indicate the type of data or methods used to complete the housing inventory count: HMIS plus housing inventory survey
(select all that apply)

Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: Instructions, Training, Updated prior housing inventory information, Follow-up, Confirmation, HMIS
(select all that apply)

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: HUD unmet need formula
(select all that apply)

Specify "other" data types:

If more than one method was selected, describe how these methods were used.

2A. Homeless Management Information System (HMIS) Implementation

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be as of the date this application is submitted.

Select the HMIS implementation type: Single CoC

Select the CoC(s) covered by the HMIS: TX-500 - San Antonio/Bexar County CoC
(select all that apply)

Does the CoC Lead Organization have a written agreement with HMIS Lead Organization? No

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

Is the HMIS Lead Organization the same as CoC Lead Organization? Yes

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: ClientTrack

What is the name of the HMIS software company? Data Systems, International

Does the CoC plan to change HMIS software within the next 18 months? No

Is this an actual or anticipated HMIS data entry start date? Actual Data Entry Start Date

Indicate the date on which HMIS data entry started (or will start): 06/12/2003
(format mm/dd/yyyy)

Indicate the challenges and barriers impacting the HMIS implementation: HMIS unable to generate unduplicated count of homeless persons, Inadequate bed coverage for AHAR participation, HMIS unable to generate AHAR table shells
(select all the apply):

If "None" was selected, briefly describe why CoC had no challenges or how all barriers were overcome:

Briefly describe the CoC's plans to overcome challenges and barriers:

The Continuum of Care will participate in the next scheduled AHAR. The table shells have been built and the bed coverage level has met AHAR requirements. The unduplicated count will be available by June 2009 as a result of the implementation of a biometric-based identification system for sheltered and unsheltered homeless persons and the use of laptops with air cards to enable field-based participant entry.

Attachment Details

Document Description:

2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Organization.

Organization Name City of San Antonio, Department of Community Initiatives, Homeless Services Division

Street Address 1 115 Plaza De Armas

Street Address 2

City San Antonio

State Texas

Zip Code 78205

Format: xxxxx or xxxxx-xxxx

Organization Type State or Local Government

If "Other" please specify

2C. Homeless Management Information System (HMIS)

Contact Person

Prefix: Ms

First Name Janice

Middle Name/Initial

Last Name Wehrman

Suffix

Telephone Number: 210-207-7863
(Format: 123-456-7890)

Extension

Fax Number: 210-207-7843
(Format: 123-456-7890)

E-mail Address: janice.wehrman@sanantonio.gov

Confirm E-mail Address: janice.wehrman@sanantonio.gov

2D. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

For each housing type, indicate the percentage of the CoC's total beds (bed coverage) in the HMIS.

* Emergency Shelter (ES) Beds	76-85%
* Safe Haven (SH) Beds	86%+
* Transitional Housing (TH) Beds	86%+
* Permanent Housing (PH) Beds	76-85%

How often does the CoC review or assess its HMIS bed coverage? Monthly

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

2E. Homeless Management Information System (HMIS) Data Quality

Instructions:

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2008.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	1%	21%
* Date of Birth	4%	
* Ethnicity	2%	
* Race	2%	
* Gender	0%	
* Veteran Status		1%
* Disabling Condition		3%
* Residence Prior to Program Entry		5%
* Zip Code of Last Permanent Address		45%
* Name	0%	

Did the CoC or subset of the CoC participate in AHAR 3? No

Did the CoC or subset of the CoC participate in AHAR 4? No

How frequently does the CoC review the quality of client level data? Monthly

How frequently does the CoC review the quality of program level data? Monthly

Describe the process, extent of assistance, and tools used to improve data quality for participating agencies.

HMIS staff create a weekly report that reflects an increase or decrease of clients entered into the system per agency. After evaluating the data from clients entered, HMIS then produces an administrative report that lists the clients entered into the system with the capability of separating the program(s) the client enrolled in during a set period. The two lists are also used to contact agencies and offer support if needed. Finally, HMIS is able to download the entire database and search for opportunities for data quality improvement, which also leads to the agency being contacted and provided technical assistance in improving the quality of the data they enter.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS.

Data validation restrictions on the HMIS application serve to ensure properly formatted dates are entered for program entry and exit. In addition, a GUI plug-in provided by the vendor will display a calendar for the user to click on the date as opposed to typing.

2F. Homeless Management Information System (HMIS) Data Usage

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC uses each of the following items:

Data integration/data warehousing to generate unduplicated counts:	Monthly
Use of HMIS for point-in-time count of sheltered persons:	Annually
Use of HMIS for point-in-time count of unsheltered persons:	Never
Use of HMIS for performance assessment:	Monthly
Use of HMIS for program management:	Monthly
Integration of HMIS data with mainstream system:	Never

2G. Homeless Management Information System (HMIS) Data and Technical Standards

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following standards:

* Unique user name and password	Quarterly
* Secure location for equipment	Monthly
* Locking screen savers	Monthly
* Virus protection with auto update	Monthly
* Individual or network firewalls	Monthly
* Restrictions on access to HMIS via public forums	Monthly
* Compliance with HMIS Policy and Procedures manual	Quarterly
* Validation of off-site storage of HMIS data	Monthly

How often does the CoC assess compliance with HMIS Data and Technical Standards? Monthly

How often does the CoC aggregate data to a central location (HMIS database or analytical database)? Monthly

Does the CoC have an HMIS Policy and Procedures manual? Yes

If 'Yes' indicate date of last review or update by CoC: 08/05/2005

If 'No' indicate when development of manual will be completed:

2H. Homeless Management Information System (HMIS) Training

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC or HMIS Lead offers each of the following training activities:

Privacy/Ethics training	Quarterly
Data Security training	Quarterly
Data Quality training	Quarterly
Using HMIS data locally	Semi-annually
Using HMIS data for assessing program performance	Monthly
Basic computer skills training	Never
HMIS software training	Quarterly

2I. Continuum of Care (CoC) Point-in-Time Homeless Population

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. HUD requires CoCs to conduct a point-in-time count at least every two years during the last 10 days of January - January 22nd to 31st - and requests that CoCs conduct a count annually if resources allow. The last required count was in January 2007. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January in 2007 or 2008, unless a waiver was received by HUD.

There are six (6) categories of homeless populations on this form. They are:

Households with Dependent Children - Sheltered Emergency
Households with Dependent Children - Sheltered Transitional
Households with Dependent Children - Unsheltered

Households without Dependent Children - Sheltered Emergency
Households without Dependent Children - Sheltered Transitional
Households without Dependent Children - Unsheltered

For each category, the number of households must be less than or equal to the number of persons. For example, in Households with Dependent Children - Sheltered Emergency, the number entered for ?Number of Households? must be less than or equal to the number entered for ?Number of Persons (adults with children).?

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the date of the last PIT count: 02/15/2008

For each homeless population category, the number of households must be less than or equal to the number of persons.

	Households with Dependent Children			
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	85	285	49	419
Number of Persons (adults and children)	291	864	111	1,266

	Households without Dependent Children			
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	825	538	1,434	2,797
Number of Persons (adults and unaccompanied youth)	825	538	1,434	2,797

	All Households/ All Persons			
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Households	910	823	1,483	3,216

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San Antonio/Bexar County CoC			COC_REG_v10_000205	
Total Persons	1,116	1,402	1,545	4,063

2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using data from a point-in-time count conducted during the last ten days of January 2007 or January 2008. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

Complete the following information for the most recent point-in-time (PIT) count conducted using statistically reliable, unduplicated counts or estimates of homeless persons. Completion of the "Unsheltered" column is optional for all subpopulations, except for Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	195	325	520
* Severely Mentally Ill	403	247	650
* Chronic Substance Abuse	302	185	487
* Veterans	302	185	487
* Persons with HIV/AIDS	50	31	81
* Victims of Domestic Violence			0
* Unaccompanied Youth (under 18)	76	46	122

2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:

Separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Annually (every year); Biennially (every other year); Semi-annually (every six months)

How often will the CoC conduct a PIT count? Annually

Enter the date in which the CoC plans to conduct its next annual point-in-time count: 01/28/2009
(mm/dd/yyyy)

Indicate the percentage of providers supplying population and subpopulation data collected via survey, interview, and/or HMIS.

Emergency Shelter providers 100%

Transitional housing providers: 100%

2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

Instructions:

Survey Providers:

Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.

HMIS:

The CoC used HMIS to complete the point-in-time sheltered count.

Extrapolation:

The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at most emergency shelters and transitional housing programs.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count:
(Select all that apply):**

Survey Providers:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation: (Extrapolation attachment is required)	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe how the sheltered population data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered count.

Providers conducted point in time counts of those they were sheltering. Training was conducted by the City of San Antonio prior to the count in an effort to produce a consistent, quality effort. Because bed levels have remained fairly static, the count was not significantly different than previous years.

2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

Instructions:

HMIS:

Only HMIS used for subpopulation data on sheltered persons (no extrapolation for missing data).

HMIS plus extrapolation:

Extrapolation to account for missing HMIS data and HUD's extrapolation tool completed.

Sample of PIT interviews plus extrapolation:

Interviews conducted with a random or stratified sample of sheltered adults and unaccompanied youth and appropriate HUD extrapolation tool completed.

Interviews:

Interviews conducted with every person staying in an emergency shelter or transitional housing program on the night of the point-in-time count.

Non-HMIS client level information:

Providers used individual client records to provide subpopulation data for each sheltered adult and unaccompanied youth for the night of the point-in-time count.

Other:

CoC used a combination of methods.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

HMIS	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation: (PIT attachment is required)	<input type="checkbox"/>
Sample Strategy:	<input type="checkbox"/>
Provider Expertise:	<input type="checkbox"/>
Non-HMIS client level information:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe how the sheltered subpopulation data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered subpopulation counts, particularly the chronically homeless count.

The subpopulation characteristics were taken from HMIS and compared to actual information gathered through person to person surveys conducted on all sheltered homeless individuals as part of the point in time count. Increases in homeless adults without children, particularly males, was striking. Therefore, new services strategies are planned for 2009 to address these variances.

2N. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the steps used to ensure the data quality of the sheltered persons count:
(select all that apply)**

Instructions:	<input checked="" type="checkbox"/>
Training:	<input checked="" type="checkbox"/>
Remind/Follow-up	<input type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the non-HMIS de-duplication techniques (if Non-HMIS de-duplication was selected):

20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

Public places count:

Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:

Interviewed either all unsheltered persons encountered during public places count or a sample

Service-based count:

Counted homeless persons using non-shelter services based on interviews.

HMIS:

HMIS used to collect, analyze or report data on unsheltered persons.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the method(s) used to count unsheltered homeless persons:
(select all that apply)**

Public places count:	<input checked="" type="checkbox"/>
Public places count with interviews:	<input checked="" type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

Complete coverage:

Every part of a specified geography (e.g. entire city, downtown area, etc.) is covered by enumerators.

Known locations:

Counting in areas where unsheltered homeless people are known to congregate or live.

Combination:

Conducting counts for every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the level of coverage of the PIT count of unsheltered homeless people: Known Locations

If Other, specify:

2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count.
(select all that apply)

Training:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the techniques used to reduce duplication.

The unsheltered count was co-occurring in each of the known locations. Therefore, it is unlikely that a homeless person would have moved from one location to another and been counted more than once.

Describe the CoCs efforts, including outreach plan, to reduce the number of unsheltered homeless households with dependent children.

In addition to comprehensive, year long outreach activities in locations where homeless families are known to congregate, the City of San Antonio also funds a Safe Sleep Zone, operated by the Salvation Army, where homeless families can take a first step toward obtaining shelter. The purpose is for the families to become accustomed to living indoors and in a congregate facility and slowly transition them to a traditional emergency shelter.

Describe the CoCs efforts to identify and engage persons routinely sleeping on the streets and other places not meant for human habitation. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the unsheltered population (especially the chronically homeless and families with children).

A more comprehensive outreach effort, with greater field-based resources that are being coordinated with law enforcement to ensure an acceptable level of safety, has been successful in connecting homeless individuals to shelter. However, these efforts, combined with two major urban revitalization projects which have displaced individuals who were not known to be living in these areas, have in fact contributed to an increase in chronically homeless persons that are known to the continuum. In other words, they have been in our community in prior years but we were not aware of their existence. Now that they and their needs are known, they are being methodically connected to needed support.

Attachment Details

Document Description:

Attachment Details

Document Description:

3A. Continuum of Care (CoC) 10-Year Plan, Objectives and Action Steps

Click on the icon and add requested information for each of the national objectives.

Objective
Create new PH beds for chronically homeless persons
Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%
Increase percentage of homeless persons moving from TH to PH to at least 63.5%
Increase percentage of homeless persons employed at exit to at least 19%
Decrease the number of homeless households with children

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Create new PH beds for chronically homeless persons

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Expand bed space availability in Fairweather Lodge Program	Director, Department of Community Initiatives
Action Step 2		Director, Department of Community Initiatives
Action Step 3		

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	59
Numeric Achievement in 12 months	63
Numeric Achievement in 5 years	25
Numeric Achievement in 10 years	50

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Focus case management and supportive service resources on retaining individuals and families in permanent housing.	Director, Department of Community Initiatives
Action Step 2	Incorporate permanent housing retention into the City of San Antonio's monthly Balanced Scorecard approach to contract monitoring to enable earlier identification of underperforming contracts.	Director, Department of Community Initiatives
Action Step 3	Report all SHP-funded project performance every quarter to the Board of Directors of the South Alamo Regional Alliance for the Homeless in an effort to bring to bear all continuum of care resources on behalf of the individuals and families being served in underperforming contracts.	Director, Department of Community Initiatives

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	58
Numeric Achievement in 12 months	72
Numeric Achievement in 5 years	75
Numeric Achievement in 10 years	80

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons moving from TH to PH to at least 63.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Increase the availability of supportive permanent housing, both SHP-funded and City of San Antonio-funded, for individuals and families in transitional housing.	Director, Department of Community Initiatives
Action Step 2	Ensure connection of transitional housing residents to employment, training and education resources to increase stability and capacity for self-sufficiency.	Director, Department of Community Initiatives
Action Step 3	Make available outpatient substance abuse treatment and counseling through the continuum of care to support job and training retention and movement to permanent housing.	Director Department of Community Initiatives

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	75
Numeric Achievement in 12 months	78
Numeric Achievement in 5 years	82
Numeric Achievement in 10 years	85

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons employed at exit to at least 19%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Integrate all available workforce development services within the continuum and mandate their use by all SHP-funded projects.	Director, Department of Community Initiatives
Action Step 2	Ensure that the service plan for every adult includes an employment, training or education goal or an explanation as to why such goals are inappropriate.	Director, Department of Community Initiatives
Action Step 3	Monitor the utilization of employment support services by SHP project using the monthly Balanced Scorecard accountability system.	Director, Department of Community Initiatives

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	38
Numeric Achievement in 12 months	42
Numeric Achievement in 5 years	50
Numeric Achievement in 10 years	55

CoC 10-Year Plan, Objectives and Action Steps Detail**Instructions:**

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Decrease the number of homeless households with children

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing**2008 Local Action Steps**

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

San Antonio/Bexar County CoC		COC_REG_v10_000205
		Lead Person
Action Step 1	Initiate the Rapid Rehousing Project to immediately escalate the housing options for families with children, which will include the focused case management resources that will enable rapid transition to permanent housing and long-term self-sufficiency.	Director, Department of Community Initiatives
Action Step 2		
Action Step 3		

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	419
Numeric Achievement in 12 months	350
Numeric Achievement in 5 years	250
Numeric Achievement in 10 years	150

3B. Continuum of Care (CoC) Discharge Planning Protocols: Level of Development

Instructions:

Pursuant to the McKinney-Vento Act, to the maximum extent practicable, persons discharged from publicly funded institutions or systems of care should not be discharged into homelessness. For each system of care, the CoC should indicate the level of development for its discharge planning policy.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Foster Care Discharge Protocol: Protocol in Development

Health Care Discharge Protocol: Protocol in Development

Mental Health Discharge Protocol: Protocol in Development

Corrections Discharge Protocol: Protocol in Development

3C. Continuum of Care (CoC) Discharge Planning Protocols: Narratives

For each system of care describe the discharge planning protocol. For additional instructions, refer to the detailed instructions available on the left menu bar.

Foster Discharge

For Protocol in Development, indicate the collaborating agencies/partners, the estimated date of implementation, and a brief description of the protocol being developed.

The planning that has gone in to bringing the Haven for Hope campus on line in San Antonio has caused the providers within the continuum and our external community partners to review and in many instances improve existing protocols. This process, which has been undertaken by a duly appointed committee of SARAH Board members and decision makers from relevant stakeholders, will be complete sometime in 2009. Therefore, all responses, both this and those that follow, reflect the discharge protocols that are expected to be established. HUD will be notified as soon as these protocols are finalized. Youth aging out of foster care have access to the staff and resources, including housing, of the Preparation for Adult Living Project (PAL). A new, strengthened relationship with Child Protective Services is enabling a change in focus from merely helping youth get housing to helping them retain their housing and avoid homelessness. An emerging partnership with foster care and PAL service providers will be formalized, to include CPS, in 2009.

Health Care Discharge

For Protocol in Development, indicate the collaborating agencies/partners, the estimated date of implementation, and a brief description of the protocol being developed.

The social work department of the public hospital system and staff from private, non-profit hospitals offering charity care, are working with continuum representatives to ensure that the McKinney-Vento funded resources are the last resort at discharge. The local dearth in affordable housing does not always enable placement in non-SHP funded housing for patients who enter the hospital homeless. However, the new resources of Haven for Hope, especially the privately funded components, are expected to offer the resource supplementation that is required and will enable the more judicious use of SHP-funded housing resources.

Mental Health Discharge

For Protocol in Development, indicate the collaborating agencies/partners, the estimated date of implementation, and a brief description of the protocol being developed.

The local mental health authority receives SHP funding for Safe Havens and also is partnering with Haven for Hope to provide short-term specialized care for inebriates and mentally ill adults. The integration of these resources, which will be formalized with an MOU and protocols once Haven for Hope is operational, will ensure that mentally ill individuals access the most appropriate housing resource and that McKinney-Vento programs are used as the "last resort".

Correction Discharge

For Protocol in Development, indicate the collaborating agencies/partners, the estimated date of implementation, and a brief description of the protocol being developed.

If an individual enters the correctional system homeless, it is typical for that individual to return to a homeless provider. Jail staff are not currently equipped to do more than offer referrals to alternative housing providers and it is the inmates choice as to which he or she accesses. The new resources of Haven for Hope, especially the privately funded components, will increase housing options for individuals leaving a correctional facility and reduce the strain on SHP-funded housing programs. Once Haven for Hope is operational, a protocol will be developed with law enforcement to formalize these anticipated relationships.

3D. Continuum of Care (CoC) Discharge Planning Protocol: Attachments

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	--	No Attachment
Mental Health Discharge Protocol	No	--	No Attachment
Corrections Discharge Protocol	No	--	No Attachment
Health Care Discharge Protocol	No	--	No Attachment

Attachment Details

Document Description:

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description:

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description:

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description:

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

3E. Continuum of Care (CoC) Coordination

CoCs should coordinate, as appropriate, with any existing strategic planning groups to assess the local homeless system and identify shortcomings and unmet needs. Answer the following questions regarding coordination in the CoC.

Does the CoC's Consolidated Plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the Consolidated Plan: The goals contained in the City of San Antonio's ConPlan have been intentionally synchronized with those of the 10 Year Plan. This effort has decreased the time necessary for attainment, focused all local efforts on the same track and avoided unnecessary duplication and duplicative performance measurement.

Within the CoC's geographic area, is one or more jurisdictional 10-year plan(s) being developed or implemented (separate from the CoC 10-year plan)? No

Does the 10-year plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the 10-year plan(s):

1. Plan for outcomes. Development of an HMIS system that directs homeless families to the resources that will support self-sufficiency, monitors service utilization to ensure that the system contains resources that correspond to client needs and monitor the impact of continuum providers by tracking the progression of homeless individuals and families through the system of services.
2. Close the front door. Development of a comprehensive prevention system the keeps people from becoming homeless or ensures that their period of homelessness is shortened.
3. Open the back door. Increase the availability of affordable housing using a Housing First and Rapid Rehousing methodology to enable recently homeless families to quickly regain their self-sufficiency and independence.
4. Build the infrastructure. Increase and enhance the housing, supportive service, substance abuse and employment resources in the community.

3F. Hold Harmless Need (HHN) Reallocation

Instructions:

CoC's that are in Hold Harmless Need status may choose to eliminate or reduce one or more of their SHP grants eligible for renewal in the 2008 CoC competition. CoC's may reallocate the funds made available through this process to create new permanent housing projects or HMIS. Reallocation projects may be SHP (1, 2, or 3 years), SPC (5 years) or Section 8 SRO (10 years). CoC's that are in Preliminary Pro Rate Need (PPRN) status are not eligible to reallocate projects. Reallocated funds cannot be used for Samaritan Housing project(s).

Refer to the NOFA for additional guidance on reallocating projects.

Is the CoC reallocating funds from one or more expiring renewal grant(s) to one or more new project(s)? Yes

CoC's that are in Preliminary Pro Rata Need (PPRN) status are not eligible to reallocate projects.

3G. Hold Harmless Need (HHN) Reallocation - Summary of Grant(s) Eliminated

Indicate whether or not any SHP grant(s) will be eliminated during the 2008 reallocation process. If no grants are being eliminated, enter "0" in all fields and select "PH" from component type drop-down menu. Click on the icon to enter the grant(s) that will be eliminated during the 2008 reallocation process.

Total Amount of Eliminated SHP Grants (available for funding new grants)			
			\$733,699
Expiring Grant Name	Expiring Grant Number	Component Type	Annual Renewal Amount
FVPS CBC Expansion	TX59B700017	SSO	\$89,460
FVPS Life Skills	TX59B700003	SSO	\$61,448
Boystown Intensiv...	TX59B700005	SSO	\$287,509
Seton Home Safe P...	TX59B700016	TH	\$15,059
Seton Home Safe P...	TX58B700015	TH	\$74,746
San Antonio AIDS ...	TX59B700030	TH	\$57,583
Hope Action Care ...	TX59B70028	TH	\$147,894

3G. Hold Harmless Need (HHN) Reallocation - SHP Grant Eliminated Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be eliminated and made available for new projects through elimination of expiring renewal grants. Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for each SHP grant being eliminated during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by the HUD to help complete the information. If no SHP grants are being eliminated, enter "0" in all fields and select "PH" from component type drop-down menu.

Expiring Grant Name: FVPS CBC Expansion

Expiring Grant Number: TX59B700017

Component Type: SSO

Annual Renewal Amount: \$89,460

3G. Hold Harmless Need (HHN) Reallocation - SHP Grant Eliminated Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be eliminated and made available for new projects through elimination of expiring renewal grants. Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for each SHP grant being eliminated during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by the HUD to help complete the information. If no SHP grants are being eliminated, enter "0" in all fields and select "PH" from component type drop-down menu.

Expiring Grant Name: FVPS Life Skills

Expiring Grant Number: TX59B700003

Component Type: SSO

Annual Renewal Amount: \$61,448

3G. Hold Harmless Need (HHN) Reallocation - SHP Grant Eliminated Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be eliminated and made available for new projects through elimination of expiring renewal grants. Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for each SHP grant being eliminated during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by the HUD to help complete the information. If no SHP grants are being eliminated, enter "0" in all fields and select "PH" from component type drop-down menu.

Expiring Grant Name: Boystown Intensive Family Preservation Program

Expiring Grant Number: TX59B700005

Component Type: SSO

Annual Renewal Amount: \$287,509

3G. Hold Harmless Need (HHN) Reallocation - SHP Grant Eliminated Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be eliminated and made available for new projects through elimination of expiring renewal grants. Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for each SHP grant being eliminated during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by the HUD to help complete the information. If no SHP grants are being eliminated, enter "0" in all fields and select "PH" from component type drop-down menu.

Expiring Grant Name: Seton Home Safe Place I

Expiring Grant Number: TX59B700016

Component Type: TH

Annual Renewal Amount: \$15,059

3G. Hold Harmless Need (HHN) Reallocation - SHP Grant Eliminated Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be eliminated and made available for new projects through elimination of expiring renewal grants. Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for each SHP grant being eliminated during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by the HUD to help complete the information. If no SHP grants are being eliminated, enter "0" in all fields and select "PH" from component type drop-down menu.

Expiring Grant Name: Seton Home Safe Place II

Expiring Grant Number: TX58B700015

Component Type: TH

Annual Renewal Amount: \$74,746

3G. Hold Harmless Need (HHN) Reallocation - SHP Grant Eliminated Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be eliminated and made available for new projects through elimination of expiring renewal grants. Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for each SHP grant being eliminated during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by the HUD to help complete the information. If no SHP grants are being eliminated, enter "0" in all fields and select "PH" from component type drop-down menu.

Expiring Grant Name: San Antonio AIDS Foundation Transitional Housing for Homeless People with AIDS

Expiring Grant Number: TX59B700030

Component Type: TH

Annual Renewal Amount: \$57,583

3G. Hold Harmless Need (HHN) Reallocation - SHP Grant Eliminated Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be eliminated and made available for new projects through elimination of expiring renewal grants. Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for each SHP grant being eliminated during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by the HUD to help complete the information. If no SHP grants are being eliminated, enter "0" in all fields and select "PH" from component type drop-down menu.

Expiring Grant Name: Hope Action Care Transitional Housing

Expiring Grant Number: TX59B70028

Component Type: TH

Annual Renewal Amount: \$147,894

3H. Hold Harmless Need (HHN) Reallocation - Summary of SHP Grant(s) Reduced

Indicate whether or not any SHP grant(s) will be reduced during the 2008 reallocation process. If no grants are being reduced enter "0" in all fields. Click on the icon to enter the grant(s) that will be reduced during the 2008 reallocation process.

Amount Available for New Grant (from all listed grants)						
						\$0
Priority Number	Expiring Grant Name	Expiring Grant Number	Project Name	Annual Renewal Amount	Amount Remaining	Amount available for new grant
0	0	0	---	\$0	\$0	\$0

3H. Hold Harmless Need (HHN) Reallocation - SHP Grants

Reduced Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be reduced and made available for new projects through reduction of expiring renewal grants.

To ensure that the CoC has completed this process correctly, the "amount available for new grant" will auto-calculate.

Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for each grant being reduced during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by HUD to help complete the information. If no grants are being reduced enter "0" in all fields.

2008 Priority Number: 0

Expiring Grant Name: 0

Expiring Grant Number: 0

Annual Renewal Amount: \$0

Retained Amount for Expiring Grant: \$0

Amount available for new grant: \$0
(select "Save" to auto-calculate this total)

3I. Hold Harmless Need (HHN) Reallocation - Summary of Proposed New Project(s)

Click on the icon to enter the new grant(s) being created through the 2008 reallocation process.

Total Amount of New Projects
(total transferred to new projects)

\$2,504,250				
Current Priority #	Project Name	Program Type	Component Type	Transferred Amount
8	A...	SHP	PH	\$1,137,150
13	C...	SHP	HMIS	\$1,367,100

3l.Hold Harmless Need (HHN) Reallocation - Proposed New Project Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be transferred from reduced and eliminated grants to new permanent housing projects through the reallocation process. The total amount requested for new projects can not exceed the amount being reduced or eliminated from expiring grants.

Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for the each new project being proposed in the 2008 reallocation process. The total amount requested for new projects must not exceed the total amount reallocated from reduced and eliminated grants.

2008 Priority Number: 8

Project Name: AGIF Permanent Housing SROs II

Program Type: SHP

Component Type:

Request Transfer Amount: \$1,137,150

3l.Hold Harmless Need (HHN) Reallocation - Proposed New Project Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be transferred from reduced and eliminated grants to new permanent housing projects through the reallocation process. The total amount requested for new projects can not exceed the amount being reduced or eliminated from expiring grants.

Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for the each new project being proposed in the 2008 reallocation process. The total amount requested for new projects must not exceed the total amount reallocated from reduced and eliminated grants.

2008 Priority Number: 13

Project Name: City of San Antonio, HMIS

Program Type: SHP

Component Type:

Request Transfer Amount: \$1,367,100

3J. Hold Harmless Need (HHN) Reallocation - Reallocation Balance

Instructions:

To ensure that the CoC has completed this process correctly, the values contained in these fields are auto-calculated. A zero value in the "Remaining Reallocation Balance" indicates that all available funds have been used. If funds are remaining, excess can not be retained for future use.

Reallocated funds available for new project(s)	\$733,699
Amount requested for new project(s)	\$2,504,250
Remaining Reallocation Balance	(\$1,770,551)

4A. Continuum of Care (CoC) 2007 Achievements

Instructions:

For the five HUD national objectives in the 2007 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Chart N of the 2007 CoC application in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the numeric achievement that you CoC attained within the past 12 months that is directly related to the relevant national objective.

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new PH beds for CH	80	Beds	100	B e d s
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	70	%	58	%
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	62	%	75	%
Increase percentage of homeless persons employed at exit to at least 18%	45	%	184	%
Ensure that the CoC has a functional HMIS system	60	%	83	%

4B. Continuum of Care (CoC) Chronic Homeless Progress

Complete the following fields using data from the last point-in-time (PIT) count and housing inventory count. For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in your CoC for each year

Year	Number of CH Persons	Number of PH beds for the CH
2006	242	102
2007	218	37
2008	520	59

Indicate the number of new PH beds in place 0
and made available for occupancy for the
chronically homeless between February 1,
2007 and January 31, 2008

Identify the amount of funds from each funding source for the
development and operations costs of the new CH beds created between
February 1, 2007 and January 31, 2008.

Cost Type	HUD McKinney- Vento	Other Federal	State	Local	Private
Development	\$0	\$0	\$0	\$0	\$0
Operations	\$0	\$0	\$0	\$0	\$0
Total	\$0	\$0	\$0	\$0	\$0

4C. Continuum of Care (CoC) Housing Performance

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients move to and stabilize in permanent housing.

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	71
b. Number of participants who did not leave the project(s)	76
c. Number of participants who exited after staying 6 months or longer	36
d. Number of participants who did not exit after staying 6 months or longer	49
e. Number of participants who did not leave and were enrolled for 5 months or less	27
TOTAL PH (%)	58

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	348
b. Number of participants who moved to PH	262
TOTAL TH (%)	75

4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients access mainstream services and gain employment.

Total Number of Exiting Adults: 1,641

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)
SSI	50	3 %
SSDI	29	2 %
Social Security	9	1 %
General Public Assistance	0	0 %
TANF	18	1 %
SCHIP	0	0 %
Veterans Benefits	62	4 %
Employment Income	617	38 %
Unemployment Benefits	0	0 %
Veterans Health Care	0	0 %
Medicaid	107	7 %
Food Stamps	179	11 %
Other (Please specify below)	33	2 %
Child support, college financial aid		
No Financial Resources	139	8 %

The percentage values are automatically calculated by the system when you click the "save" button.

4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on Energy Star initiative go to: <http://www.energystar.gov>

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

**Has the CoC notified its members of the
Energy Star Initiative?** Yes

**Are any projects within the CoC requesting
funds for housing rehabilitation or new
construction?** Yes

4E. Section 3 Employment Policy Detail

Is the project requesting \$200,000 or more?: Yes

If Yes to above question, click save to provide activities

**Which activities will the project undertake to ensure that employment and other economic opportunities are directed to low and very low income persons?
(Select all that apply)**

Preference policy for hiring low and very low income persons residing in the service area,
Advertise at social service agencies,
employment/training/community centers, local
newspapers, shopping centers, radio, Notify area
Youthbuild programs of job opportunities

4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

Does the CoC systematically analyze the APRs for its projects to assess and improve access to mainstream programs? Yes

If 'Yes', describe the process and the frequency that it occurs.

Annual APR review is conducted by staff from the City of San Antonio, Department of Community Initiatives, Homeless Services Division. Agencies that do not appear to utilize all available resources (per the target population) must provide an explanation. Use of mainstream programs also may be considered during project rating and ranking, if so determined by the governing body of the South Alamo Regional Alliance for the Homeless.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? Yes

If "Yes", indicate all meeting dates in the past 12 months.

January 9, February 13, March 12, April 9, May 2 (Strategic Planning), May 9 (Strategic Planning), May 14, May 16 (Strategic Planning), May 30 (Strategic Planning), June 6 (Strategic Planning), June 11, June 13 (Strategic Planning), July 9, August 13.

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Yes

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs? Yes

If yes, identify these staff members Both

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff. Yes

If "Yes", specify the frequency of the training. Semi-annually

Does the CoC uses HMIS to screen for benefit eligibility? No

If "Yes", indicate for which mainstream programs HMIS completes screening.

Has the CoC participated in SOAR training? No

If "Yes", indicate training date(s).

4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	100%
<p>Case managers assess benefits status during intake, identifying those programs for which the individual or family is potentially eligible and supplying the contact information and documentation requirements necessary to make application. Case managers will walk the participant through the application process, especially those that require electronic submission, if it is the individual's first encounter with the provider. For individuals making their own applications, the case manager will follow up within 30 days with the individual to determine if the application was filed and the status. The case manager also will contact the benefit provider if necessary to obtain explanations or information that could be of help to the applicant.</p>	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	0%
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
<p>Standard practice are for case managers to follow up with the client within 30 days to verify that the application was filed, that all necessary documentation has been secured and that any needs for additional assistance or information are identified and met.</p>	

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)

Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction)).

Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.

**Indicate the section applicable to the CoC Part A
Lead Agency:**

Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

<p>*1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"?</p> <p>A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.</p>	Yes
<p>2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?</p>	Yes
<p>3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a)sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan?</p> <p>(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.</p>	Yes
<p>4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?</p>	No
<p>*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?</p> <p>If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.</p>	Yes
<p>6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?</p>	Yes

Part A - Page 2

*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?	Yes
<p>*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings?</p> <p>Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html)</p>	Yes
<p>*9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.</p> <p>In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?</p>	Yes
Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.	
*10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?	No
*11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?	Yes
*12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)	Yes
*13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?	Yes

Part A - Page 3

<p>*14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?</p> <p>(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)</p>	No
<p>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</p> <p>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	Yes
<p>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</p>	Yes
<p>*17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?</p>	Yes
<p>*18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?</p>	Yes
<p>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	No
<p>*20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?</p>	No

Continuum of Care (CoC) Project Listing

Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Child Care Servic...	2008-10-17 13:24:...	1 Year	San Antonio/Be xar...	138,909	Renewal Project	SHP	SSO	F19
Salvation Army Sc...	2008-10-22 18:03:...	1 Year	San Antonio/Be xar...	216,048	Renewal Project	SHP	TH	F17
San Antonio Urban...	2008-10-22 18:26:...	1 Year	San Antonio/Be xar...	392,021	Renewal Project	SHP	PH	F14
Family Violence P...	2008-10-22 19:06:...	1 Year	San Antonio/Be xar...	97,937	Renewal Project	SHP	TH	F6
SAMMinist ries Lau...	2008-10-22 17:37:...	1 Year	San Antonio/Be xar...	614,811	Renewal Project	SHP	TH	F7
Salvation Army Sh...	2008-10-22 19:59:...	1 Year	San Antonio/Be xar...	136,335	Renewal Project	SHP	TH	F21
American GI Forum...	2008-10-22 18:30:...	1 Year	San Antonio/Be xar...	387,273	Renewal Project	SHP	PH	F11
Salvation Army Ne...	2008-10-23 08:07:...	1 Year	San Antonio/Be xar...	91,975	Renewal Project	SHP	TH	F22
Child Care Servic...	2008-10-22 19:08:...	1 Year	San Antonio/Be xar...	268,738	Renewal Project	SHP	SSO	F20
American GI Forum...	2008-10-22 17:15:...	1 Year	San Antonio/Be xar...	210,000	Renewal Project	SHP	TH	F1
COSA Rapid Re-Hou...	2008-10-23 09:10:...	3 Years	San Antonio/Be xar...	1,501,574	New Project	SHP	TH	R4
Salvation Army Sc...	2008-10-22 18:33:...	1 Year	San Antonio/Be xar...	172,094	Renewal Project	SHP	TH	F3
Homeless Managem e...	2008-10-22 17:32:...	3 Years	San Antonio/Be xar...	1,367,100	New Project	SHP	HMIS	F13

San Antonio/Bexar County CoC							COC_REG_v10_000205	
San Antonio Urban...	2008-10-18 18:19:...	3 Years	San Antonio/Be xar...	2,007,989	New Project	SHP	PH	S5
Family Violence P...	2008-10-17 14:40:...	1 Year	San Antonio/Be xar...	194,864	Renewal Project	SHP	SSO	F18
Center for Health...	2008-10-17 13:21:...	1 Year	San Antonio/Be xar...	385,718	Renewal Project	SHP	SH	F16
Center for Health...	2008-10-22 19:05:...	1 Year	San Antonio/Be xar...	364,296	Renewal Project	SHP	SH	F15
Family Violence P...	2008-10-22 19:10:...	1 Year	San Antonio/Be xar...	131,250	Renewal Project	SHP	TH	F2
American GI Forum...	2008-10-17 13:16:...	3 Years	San Antonio/Be xar...	1,137,150	New Project	SHP	PH	F8
American GI Forum...	2008-10-22 19:22:...	1 Year	San Antonio/Be xar...	352,562	Renewal Project	SHP	SSO	F9
Woodhill Housing ...	2008-10-22 19:09:...	1 Year	San Antonio/Be xar...	350,936	Renewal Project	SHP	PH	F12
The Salvation Arm...	2008-10-23 08:03:...	1 Year	The Salvation Arm...	137,777	Renewal Project	SHP	TH	F3750
SAMM Haven for Ho...	2008-10-21 17:16:...	3 Years	San Antonio/Be xar...	1,785,094	New Project	SHP	PH	F10
SAMMinist ries Tra...	2008-10-23 07:58:...	1 Year	San Antonio Metro...	104,597	Renewal Project	SHP	TH	F6894
House of Hope S+C	2008-10-21 17:17:...	1 Year	San Antonio/Be xar...	118,200	Renewal Project	S+C	SRA	U9903

Budget Summary

FPRN	\$9,037,485
Rapid Re-Housing	\$1,501,574
Samaritan Housing	\$2,007,989
SPC Renewal	\$118,200
Rejected	\$0